

<i>SERFF Tracking Number:</i>	<i>HRLV-125850967</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Harleysville Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>BOMH090808-1</i>		
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability & Non-</i>	<i>Sub-TOI:</i>	<i>05.0002 Businessowners</i>
	<i>Liability</i>		
<i>Product Name:</i>	<i>BOP</i>		
<i>Project Name/Number:</i>	<i>BOP Water Exclusion Endorsements/</i>		

Filing at a Glance

Companies: Harleysville Insurance Company, Harleysville Mutual Insurance Company, Harleysville Preferred Insurance Company, Harleysville Worcester Insurance Company

Product Name: BOP	SERFF Tr Num: HRLV-125850967	State: Arkansas
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 05.0002 Businessowners	Co Tr Num: BOMH090808-1	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Author: Carol Zwoyer	Disposition Date: 10/10/2008
	Date Submitted: 10/09/2008	Disposition Status: Approved
Effective Date Requested (New): 02/01/2009		Effective Date (New): 02/01/2009
Effective Date Requested (Renewal): 07/01/2009		Effective Date (Renewal): 07/01/2009

State Filing Description:

General Information

Project Name: BOP Water Exclusion Endorsements	Status of Filing in Domicile:
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 10/10/2008	
State Status Changed: 10/10/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

With this filing it is our intent to submit the following revision to our StarAdvantage Business Owners Program

<i>SERFF Tracking Number:</i>	<i>HRLV-125850967</i>	<i>State:</i>	<i>Arkansas</i>
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Company and Contact

Filing Contact Information

Carol Zwoyer, Senior State Filing Analyst	czwoyer@harleysvillegroup.com
355 Maple Avenue	(215) 256-5735 [Phone]
Harleysville, PA 19438-2297	(215) 256-5678[FAX]

Filing Company Information

Harleysville Insurance Company	CoCode: 23582	State of Domicile: Pennsylvania
355 Maple Avenue	Group Code: 253	Company Type:
Harleysville, PA 19438	Group Name:	State ID Number:
(215) 256-5000 ext. [Phone]	FEIN Number: 41-0417250	

Harleysville Mutual Insurance Company	CoCode: 14168	State of Domicile: Pennsylvania
355 Maple Avenue	Group Code: 253	Company Type:
Harleysville, PA 19438	Group Name:	State ID Number:
(215) 256-5000 ext. [Phone]	FEIN Number: 23-0902325	

Harleysville Preferred Insurance Company	CoCode: 35696	State of Domicile: Pennsylvania
355 Maple Avenue	Group Code: 253	Company Type:
Harleysville, PA 19438	Group Name:	State ID Number:
(215) 256-5000 ext. [Phone]	FEIN Number: 23-2384978	

Harleysville Worcester Insurance Company	CoCode: 26182	State of Domicile: Pennsylvania
355 Maple Avenue	Group Code: 253	Company Type:
Harleysville, PA 19438	Group Name:	State ID Number:
(215) 256-5000 ext. [Phone]	FEIN Number: 04-1989660	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	

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	<i>Liability</i>		
<i>Product Name:</i>	<i>BOP</i>		
<i>Project Name/Number:</i>	<i>BOP Water Exclusion Endorsements/</i>		
Per Company:	No		

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Company Tracking Number:	BOMH090808-1		
TOI:	05.0 Commercial Multi-Peril - Liability & Non- Liability	Sub-TOI:	05.0002 Businessowners
Product Name:	BOP		
Project Name/Number:	BOP Water Exclusion Endorsements/		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Harleysville Insurance Company	\$0.00	10/09/2008	
Harleysville Mutual Insurance Company	\$50.00	10/09/2008	23080033
Harleysville Preferred Insurance Company	\$0.00	10/09/2008	
Harleysville Worcester Insurance Company	\$0.00	10/09/2008	

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TOI:	05.0 Commercial Multi-Peril - Liability & Non-Sub-TOI:		05.0002 Businessowners
	Liability		
Product Name:	BOP		
Project Name/Number:	BOP Water Exclusion Endorsements/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/10/2008	10/10/2008

<i>SERFF Tracking Number:</i>	<i>HRLV-125850967</i>	<i>State:</i>	<i>Arkansas</i>
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	<i>Liability</i>		
<i>Product Name:</i>	<i>BOP</i>		
<i>Project Name/Number:</i>	<i>BOP Water Exclusion Endorsements/</i>		

Disposition

Disposition Date: 10/10/2008
 Effective Date (New): 02/01/2009
 Effective Date (Renewal): 07/01/2009
 Status: Approved
 Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: HRLV-125850967 State: Arkansas

First Filing Company: Harleysville Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: BOMH090808-1

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners Liability

Product Name: BOP

Project Name/Number: BOP Water Exclusion Endorsements/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	cover letter	Approved	Yes
Form	Water Back-Up And Sump Overflow	Approved	Yes

SERFF Tracking Number: HRLV-125850967 State: Arkansas

First Filing Company: Harleysville Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: BOMH090808-1

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners Liability

Product Name: BOP

Project Name/Number: BOP Water Exclusion Endorsements/

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Water Back-Up And Sump Overflow	BOP-7011	01-09	Endorsement/Amendment/Conditions	Replaced Form #:0.001-06 Edition Previous Filing #:		BOP-7011_ed 1-09_Water Back Up and Sump Overflow.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WATER BACK-UP AND SUMP OVERFLOW

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

- A.** We will pay for direct physical loss or damage to Covered Property, covered under **Section I – Property**, caused by or resulting from:
1. Water or waterborne material which backs up through or overflows or is otherwise discharged from a sewer or drain; or
 2. Water or waterborne material which overflows or is otherwise discharged from a sump, sump pump or related equipment even if the overflow or discharge results from mechanical breakdown of a sump pump or its related equipment.

However, with respect to Paragraph **2.** above, we will not pay the cost of repairing or replacing a sump pump or its related equipment in the event of mechanical breakdown.

- B.** The coverage described in Paragraph **A.** of this endorsement does not apply to loss or damage resulting from an insured's failure to:
1. Keep a sump pump or its related equipment in proper working condition; or
 2. Perform the routine maintenance or repair necessary to keep a sewer or drain free from obstructions.
- C.** The most we will pay per location for the coverage provided under this endorsement is \$25,000 unless a higher Water Back-Up And Sump Overflow Limit of Insurance is shown in the Declarations as applicable to a specified premises and then such limit applies to the premises so designated.

The coverage provided by the Water Back-Up And Sump Overflow endorsement is subject to the **Limits of Insurance** of **Section I – Property** and as such will not increase the Limits of Insurance provided in this policy.

- D.** We will also pay for your loss of Business Income and your Extra Expense incurred due to a cause of loss described in paragraph **A.** above. This is not an additional amount of insurance. The Limit of Insurance for Water Back-Up and Sump Overflow Coverage also applies to Business Income and Extra Expense and payment for loss of Business Income and Extra Expense is applied against the Water Back-Up and Sump Overflow Limit of Insurance.
- E.** With respect to the coverage provided under this endorsement, the Water Exclusion in **Section I – Property** is replaced by the following exclusion:

Water

- (1) Flood, surface water, waves (including tidal wave and tsunami, tides, tidal water, overflow of any body of water, or spray from any of these, all whether or not driven by wind including storm surge;
- (2) Mudslide or mudflow; or
- (3) Water under the ground surface pressing on, or flowing or seeping through:
 - (a) Foundations, walls, floors or paved surfaces;
 - (b) Basements, whether paved or not; or
 - (c) Doors, windows or other openings.
- (4) Waterborne material carried or otherwise moved by any of the water referred to in Paragraph (1) or (3), or material carried or otherwise moved by mudslide or mudflow.

This exclusion applies regardless of whether any of the above, in Paragraphs (1) through (4), is caused by an act of nature or is otherwise caused. An example of a situation to which this exclusion applies is the situation where a dam, levee, seawall or other boundary or containment system fails in whole or in part, for any reason, to contain the water.

But if any of the above Paragraphs (1) through (4) results in fire, explosion or sprinkler leakage, we will pay for the loss or damage caused by that fire, explosion or sprinkler leakage.

- F.** With respect to the Water Back-Up and Sump Overflow Coverage provided by this endorsement, we do not pay for the drying out of electrical "covered equipment" (as defined in the Equipment Breakdown Coverage Endorsement attached to this policy) required as the result of water that backs up or overflows from a sewer, drain or sump.

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	<i>Liability</i>		
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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: HRLV-125850967 State: Arkansas
First Filing Company: Harleysville Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: BOMH090808-1
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: BOP
Project Name/Number: BOP Water Exclusion Endorsements/

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty
Review Status: Approved 10/10/2008
Comments:
Attachment:
NAIC 2007-.pdf

Satisfied -Name: cover letter
Review Status: Approved 10/10/2008
Comments:
Attachment:
cover letter BOP 7011 .pdf

Property & Casualty Transmittal Document


1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 55%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Harleysville Mutual Insurance Company	PA	14168	23-0902325	
Harleysville Insurance Company	PA	23582	41-0417250	
Harleysville Preferred Insurance Company	PA	35696	23-2384978	
Harleysville Worcester Insurance Company	PA	26182	04-1989660	

5. Company Tracking Number	125850967
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Carol Zwayer 355 Maple Avenue Harleysville, PA 19438	Senior State Filing Analyst	800-523-6344 ext. 5735	215-256-5678	czwayer@harleysvillegroup.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Carol Zwayer		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Business Owners
10. Sub-Type of Insurance (Sub-TOI)	StarAdvantage Business Owners
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 2-1-09 Renewal: 07-01-2009

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	10/09/08
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved
20.	This filing transmittal is part of Company Tracking #	125850967
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

With this filing it is our intent to submit the following revision to our StarAdvantage Business Owners Program.

We are revising endorsement BO-7011, Water Back-Up and Sump Overflow. Please see attached revised form to assist in your review.

Attached: BO-7011 (Ed. 1-09) Water Back-Up and Sump Overflow

Withdrawn: BO-7011 (Ed. 1-06) Water Back-Up and Sump Overflow

Rule of Application: Applicable to all new business policies effective on or after February 1, 2009 and all renewals effective on or after July 1, 2009.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> Check #: EFT Amount: 50.00 </div> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

*****Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

HARLEYSVILLE INSURANCE

355 Maple Avenue
Harleysville, PA 19438-2297
www.harleysvillegroup.com

October 8, 2008

Honorable Julie Bonafield Bowman
Commissioner of Insurance
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

NAIC: 23582, 14168, 35696, 26182
StarAdvantage Business Owners
Form Filing
Reference Filing Number: 125850967

Dear Honorable Bowman:

With this filing it is our intent to submit the following revision to our StarAdvantage Business Owners Program.

We are revising endorsement BO-7011, Water Back-Up and Sump Overflow. Please see attached revised form to assist in your review.

Attached: BO-7011 (Ed. 1-09) Water Back-Up and Sump Overflow

Withdrawn: BO-7011 (Ed. 1-06) Water Back-Up and Sump Overflow

Rule of Application: Applicable to all new business policies effective on or after February 1, 2009 and all renewals effective on or after July 1, 2009.

Your favorable consideration will be appreciated.

Very truly yours,
Harleysville Insurance Company
Harleysville Mutual Insurance Company
Harleysville Preferred Insurance Company
Harleysville Worcester Insurance Company



Carol Zwoyer, AAM, AIT
Senior State Filing Analyst
(215) 256-5735
czwoyer@harleysvillegroup.com